

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/067,498	02/04/2002	Brad Freeman	ASTRX-010B

007663
STETINA BRUNDA GARRED & BRUCKER
75 ENTERPRISE, SUITE 250
ALISO VIEJO, CA 92656

CONFIRMATION NO. 8369
FORMALITIES LETTER



OC000000007562564

Date Mailed: 03/01/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 65.**

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

04/11/2002 YPOLITE1 00000100 10067498

01 FC:205

65.00 DP



PTO/SB/21 (6-98)

Please type a checkmark (+) inside this box →

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

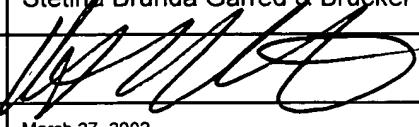
(to be used for all correspondence after initial filing)

		Application Number	10/067,498
		Filing Date	February 4, 2002
		First Named Inventor	James Castillo
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	ASTRX-010B

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Charge Any Additional Fee Required, to Deposit Account No. 19-4330 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below): Certificate under 37 CFR 3.73 (b); Power of Attorney</i>
REMARKS:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Stetina Brunda Garred & Brucker (Kit M. Stetina)		
Signature			
Date	March 27, 2002		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: March 27, 2002

Typed or printed name	Colleen Tyler		
Signature		Date	March 27, 2002

† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10 APR 1 0 2002
O P E
TRADEMARK OFFICE
for FY 2002

FEES TRANSMITTAL

Patent fees are subject to annual revision.

		Complete if Known	
		Application Number	10/067,498
		Filing Date	February 4, 2002
		First Named Inventor	James Castillo
		Examiner Name	
TOTAL AMOUNT OF PAYMENT		(\$105.00)	Group Art Unit
			Attorney Docket No. ASTRX-010B

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																									
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <u>19-4330</u></p> <p>Deposit Account Name <u>Stetina Brunda</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ <u>105.00</u></td></tr> </tbody> </table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ <u>105.00</u>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																								
105	130	205	65																																																																																																																								
127	50	227	25																																																																																																																								
139	130	139	130																																																																																																																								
147	2,520	147	2,520																																																																																																																								
112	920*	112	920*																																																																																																																								
113	1,840*	113	1,840*																																																																																																																								
115	110	215	55																																																																																																																								
116	400	216	200																																																																																																																								
117	920	217	460																																																																																																																								
118	1,440	218	720																																																																																																																								
128	1,960	228	980																																																																																																																								
119	310	219	155																																																																																																																								
120	310	220	155																																																																																																																								
121	270	221	135																																																																																																																								
138	1,510	138	1,510																																																																																																																								
140	110	240	55																																																																																																																								
141	1,240	241	620																																																																																																																								
142	1,240	242	620																																																																																																																								
143	440	243	220																																																																																																																								
144	600	244	300																																																																																																																								
122	130	122	130																																																																																																																								
123	50	123	50																																																																																																																								
126	180	126	180																																																																																																																								
581	40	581	40																																																																																																																								
146	710	246	355																																																																																																																								
149	710	249	355																																																																																																																								
179	710	279	355																																																																																																																								
169	900	169	900																																																																																																																								
* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ <u>105.00</u>																																																																																																																											
<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>85</td></tr> <tr><td colspan="4">SUBTOTAL (1) \$ <u>0</u></td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>- 20** =</td><td>X _____ = _____</td></tr> <tr><td>Independent Claims</td><td>- 3 =</td><td>X _____ = _____</td></tr> <tr><td>Multiple Dependent</td><td>_____</td><td>= _____</td></tr> <tr><td colspan="3">Other fee (specify) _____</td></tr> </tbody> </table> <p>Large Entity Fee Code (\$) Small Entity Fee Code (\$) Fee Description</p> <p>103 18 203 9 Claims in excess of 20</p> <p>102 84 202 42 Independent claims in excess of 3</p> <p>104 280 204 140</p> <p>109 80 209 40</p> <p>110 18 210 9 SUBTOTAL (2) \$ <u>0</u></p> <p>**or number previously paid, if greater; For Reissues, see above</p>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	740	201	370	106	330	206	165	107	510	207	255	108	740	208	370	114	160	214	85	SUBTOTAL (1) \$ <u>0</u>				Extra Claims	Fee from below	Fee Paid	Total Claims	- 20** =	X _____ = _____	Independent Claims	- 3 =	X _____ = _____	Multiple Dependent	_____	= _____	Other fee (specify) _____																																																																															
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																								
101	740	201	370																																																																																																																								
106	330	206	165																																																																																																																								
107	510	207	255																																																																																																																								
108	740	208	370																																																																																																																								
114	160	214	85																																																																																																																								
SUBTOTAL (1) \$ <u>0</u>																																																																																																																											
Extra Claims	Fee from below	Fee Paid																																																																																																																									
Total Claims	- 20** =	X _____ = _____																																																																																																																									
Independent Claims	- 3 =	X _____ = _____																																																																																																																									
Multiple Dependent	_____	= _____																																																																																																																									
Other fee (specify) _____																																																																																																																											

SUBMITTED BY:

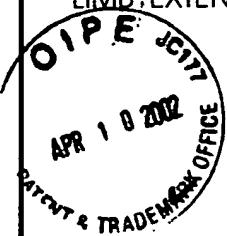
Complete (if applicable)

Name (Print/Type)	Kit M. Stetina	Registration No. (Attorney/Agent)	29,445	Telephone	(949) 855-1246
Signature				Date	March 27, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

ATTORNEY DOCKET NO: ASTRX-010B
TITLE: JOINT BRACE WITH MULTI-PLANAR PIVOTING ASSEMBLY AND INFINITELY ADJUSTABLE
LIMB; EXTENSION REGULATOR



Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. _____ addressed to:

on March 27, 2002
(Date)



Signature

Colleen Tyler

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Transmittal;
2. Fee Transmittal, in duplicate;
3. Check for \$65.00;
4. Notice to File Missing Parts of Nonprovisional application;
5. Declaration of Inventor (2 pages);
6. Certificate under 37 CFR 3.73(b);
7. Power of Attorney;
8. Check for \$40.00;
9. Recordation Form Cover Sheet;
10. Assignment;
11. Return postcard.